



# CHANGE OF COURSE WAIVER REQUEST

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Harry S. Truman High School

Students are recommended for classes based on several factors, including but not limited to success in prerequisite courses, performance on district, state, and standardized assessments, and teacher recommendation. A student who does not meet the criteria for recommendation may enroll in a course by completing this Waiver Request. This form must be completed and signed by both the student and parent/guardian for each course for which a waiver is requested.

**Student Name:** \_\_\_\_\_

**Course:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

I request permission to take the course named above instead of the course recommended by the school. **I understand that I must remain in this course for the entire year. I accept responsibility to meet all course requirements.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I am requesting the following change of placement for my child.

**From:** \_\_\_\_\_  
Course Name/Number

**to** \_\_\_\_\_  
Course Name/Number

As the parent/guardian of the student named above, I request that he/she be permitted to take the course named above instead of the course recommended by the school. I understand that the school does not concur with my child's and my decision to waive the course requirements and the teacher's recommendation. **I understand that my child must remain in this course for the entire year.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date